

*IFW*

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <p style="font-size: small; margin-top: 5px;">Patent fees are subject to annual revision.</p> <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 10px auto; display: flex; align-items: center; justify-content: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: x-small;">PATENT &amp; TRADEMARK OFFICE</div> <div style="text-align: center;"> <p style="font-size: x-small;">PTO/SB/17 (08-00)</p> <p style="font-size: x-small;">FEB 06 2008</p> </div> </div>		Complete If Known						
		Application Number	10/772,392					
		Filing Date	02/06/2004					
		First Named Inventor	Jong-Ky Lee					
		Examiner Name	ZHANG, SHIRLEY X					
Group/Art Unit	4121							
TOTAL AMOUNT OF PAYMENT		(\$ <b>120.00</b> )	Attorney Docket No.	P56960				
METHOD OF PAYMENT (check one)		FEE CALCULATION						
<b>1. ■ Payment Enclosed:</b> <b>(CHECK #53709)</b>  <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other  <input type="checkbox"/> Charge Any Additional Fee Required Under 37 C.F.R. §1.16 and 1.17.  <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	
		MISCELLANEOUS						
		1801	\$810	2801	\$405	Request for continued examination (RCE)	\$	
		1806	\$180			Submission of an IDS	\$	
<b>2. ■ The Commissioner is hereby authorized to charge any deficiency and credit any over payments to:</b>  Deposit Account Number: <b>02-4943</b>		1814	\$130	2814	\$65	Statutory disclaimer	\$	
		8021	\$40			Recordation of assignment per property	\$	
FEE CALCULATION		TRADEMARK						
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid		
EXTENSION OF TIME FEES								
1251	120	2251	60	Extension for reply within first month		\$ 120.00		
1252	460	2252	230	Extension for reply within second month		\$		
1253	1050	2253	525	Extension for reply within third month		\$		
1254	1640	2254	820	Extension for reply within fourth month		\$		
1255	2230	2255	1115	Extension for reply within fifth month		\$		
APPEAL								
1401	510	2401	255	Notice of Appeal		\$		
1402	510	2402	255	Filing a brief in support of an appeal		\$		
1403	1030	2403	515	Request for oral hearing		\$		
CLAIMS								
1201	210	2201	105	Independent claims in excess of 3		\$		
1202	50	2202	25	claims in excess of 20		\$		
Other Fee (specify) _____						\$		
Other Fee (specify) _____						\$		
Other Fee (specify) _____						\$		
SUBTOTAL: LEFT COLUMN		\$120.00		SUBTOTAL: RIGHT COLUMN		\$0.00		
SUBMITTED BY				Complete (if applicable)				
Typed or Printed Name		Robert E. Bushnell, Esq.		Reg. Number		27,774		
Signature		<i>Robert E. Bushnell</i>		Date		6 February 2008		
				Deposit Account User ID				

REB/hg

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.